

| UNCLASSIFIED RESTRICTED CONFIDENTIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |                                    |         |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------|---------|-----------------------------------|-------------------------------------------------|------------------------------------|---------------------------------|---------------------------------------|---------------------------------|----------------------------------|-----------------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------------|-------------------------------|
| (SENDER WILL CIRCLE CLASSIFICATION ON TOP AND BOTTOM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |                                    |         |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| CENTRAL INTELLIGENCE AGENCY<br>OFFICIAL ROUTING SLIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |                                    |         |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 | INITIALS                           | DATE    |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | GC/S 25X1A9a                                    | AB                                 | 30 Sept |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | GG/E [REDACTED]                                 | [REDACTED]                         | 1 Oct   |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CH/D/GG                                         | RMA                                | 8 Oct   |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CH/G                                            |                                    |         |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                                    |         |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 | INITIALS                           | DATE    |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CH/D/GC                                         | RH                                 | 30-9    |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                                    |         |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                                    |         |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| <table border="0"><tr><td><input type="checkbox"/> APPROVAL</td><td><input checked="" type="checkbox"/> INFORMATION</td><td><input type="checkbox"/> SIGNATURE</td></tr><tr><td><input type="checkbox"/> ACTION</td><td><input type="checkbox"/> DIRECT REPLY</td><td><input type="checkbox"/> RETURN</td></tr><tr><td><input type="checkbox"/> COMMENT</td><td><input type="checkbox"/> PREPARATION OF REPLY</td><td><input type="checkbox"/> DISPATCH</td></tr><tr><td><input type="checkbox"/> CONCURRENCE</td><td><input type="checkbox"/> RECOMMENDATION</td><td><input type="checkbox"/> FILE</td></tr></table> |                                                 |                                    |         | <input type="checkbox"/> APPROVAL | <input checked="" type="checkbox"/> INFORMATION | <input type="checkbox"/> SIGNATURE | <input type="checkbox"/> ACTION | <input type="checkbox"/> DIRECT REPLY | <input type="checkbox"/> RETURN | <input type="checkbox"/> COMMENT | <input type="checkbox"/> PREPARATION OF REPLY | <input type="checkbox"/> DISPATCH | <input type="checkbox"/> CONCURRENCE | <input type="checkbox"/> RECOMMENDATION | <input type="checkbox"/> FILE |
| <input type="checkbox"/> APPROVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> INFORMATION | <input type="checkbox"/> SIGNATURE |         |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| <input type="checkbox"/> ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> DIRECT REPLY           | <input type="checkbox"/> RETURN    |         |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| <input type="checkbox"/> COMMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> PREPARATION OF REPLY   | <input type="checkbox"/> DISPATCH  |         |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| <input type="checkbox"/> CONCURRENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> RECOMMENDATION         | <input type="checkbox"/> FILE      |         |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| Remarks:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                    |         |                                   |                                                 |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |